



SCIENTIFIC PURPOSES LICENSE ANNUAL REPORT

State Form 48566 (R2 / 7-06)

DEPARTMENT OF NATURAL RESOURCES

Department of Natural Resources
Division of Fish and Wildlife
402 W. Washington Street, Room W273
Indianapolis, IN 46204-2781
Phone: (317) 233-6527
Fax: (317) 232-8150

Name of License Holder _____ Annual Report for Year Ending _____

Address _____ City _____ State _____ Zip Code _____

Business/Organization Name _____ Phone _____ E-Mail _____

Species Collected (include eggs, feathers, blood, etc.)	Collection Dates	Collection Site Description (County, legal description, maps – listed species only *, stream name or distance from nearest bridge crossing)	Number Collected	Disposition (include released, banded, marked, vouchered or killed – where deposited)

* If an endangered species is found or collected, please include a map.
For mussels, please indicate whether a live or dead shell was found and in what condition (fresh dead, weathered).
A final report can be submitted, but it must contain all the above information. Copy additional sheets as necessary.

CERTIFICATION: Under the penalties of perjury (IC 35-44-2-1), I certify that the information in this report is a complete record of all of the wild animals (including birds, fish, mammals, reptiles, and amphibians) collected under this license.

Signature of License Holder _____ Date _____

Species Collected (include eggs, feathers, blood, etc.)	Collection Dates	Collection Site Description (County, legal description, maps – listed species only *, stream name or distance from nearest bridge crossing)	Number Collected	Disposition (include released, banded, marked, vouchered or killed – where deposited)
Additional information				